

TOWN OF TOLLAND

Driveway and Drainage Permit

(To be filled out on all driveways entering Town roads)

Name of Owner: _____

Home Address: _____

Phone #: Home _____ Work _____

Name of person making application: _____

Phone #: _____

Location of project (lot and street): _____

Description of project: _____

Driveway: Type of fill _____ Thickness of fill _____

Type of surface _____

Size of culvert at road side _____

Note: Please be sure that project and lot are marked so that they can be located easily.

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Town Use Only

Drainage Report: Lot drainage - Good _____ Fair _____ Poor _____

Highway drainage - Good _____ Fair _____ Poor _____

Comments: _____

Permit granted - Date: _____

Permit rejected - Date: _____

By: _____

(Signature of Highway Superintendent)